## 00000041514 (Requestor's Name) (Address) 200112264442 (Address) (City/State/Zip/Phone #) PICK-UP WAIT MAIL 11/21/07--01025--004 \*\*35.00 (Business Entity Name) (Document Number) Certified Copies \_\_\_\_\_ Certificates of Status Special Instructions to Filing Officer: 07 NOV 21 AM 10: 06 AHASSEE. FLORI LED Office Use Only 57, 2, 1, 3

## **COVER LETTER**

**TO:** Amendment Section Division of Corporations

SUBJECT: PROCTOR USA INC

(Name of Corporation)

DOCUMENT NUMBER: P00000041514

The enclosed Officer/Director Resignation for a Corporation and fee are submitted for filing.

Please return all correspondence concerning this matter to the following:

JAIME R LESMES

(Name of Person)

PROCTOR USA INC

(Name of Firm/Company)

1355 W PALMETTO PK. RD. #167

(Address)

BOCA RATON FL, 33 4 8 6

(City/State and Zip Code)

For further information concerning this matter, please call:

LUIS FELIPE LESMES

(Name of Person)

786 543 8931 (Area Code & Daytime Telephone Number)

Enclosed is a check for \$35.00 made payable to the Florida Department of State.

Street Address:

Amendment Section Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassee, FL 32301 Mailing Address:

at (

Amendment Section Division of Corporations Post Office Box 6327 Tallahassee, FL 32314

## OFFICER / DIRECTOR RESIGNATION FOR A CORPORATION

LUIS FELIPE LESMES

\_, hereby resign as \_\_\_\_\_

\_, a corporation organized under the laws of the State of

(Title)

 $_{\rm of}$   $\,$  PROCTOR USA INC  $\,$ 

(Name of Corporation)

P00000041514

(Document Number, if known)

**FLORIDA** 

(Signature of resigning officer/director)



## FILING FEE IS \$35.00

Make checks payable to Florida Department of State and mail to:

Amendment Section Division of Corporations P.O. Box 6327 Tallahassee, Florida 32314